

**PARENT/GUARDIAN PERMISSION FORM FOR ST. JUDE HOMELESS RETREAT**

*Please Return by April 27, 2018*

Dear Parent or Legal Guardian:

Your son/daughter is invited to participate in St. Jude’s Homeless Retreat. This retreat aims to give our Youth a glimpse of what it is like to be homeless through experience, speakers, and service. This is an outdoor event. Female and male students will be separated and monitored for sleeping arrangements. *NOTE: Number of participants will be limited based on number of adult volunteers. Filling this out does not necessarily guarantee your child a spot.* Details of this retreat are as follows:

**Name of the Event: St. Jude Homeless Retreat**

**Destination: Catholic Community of St. Jude grounds  
801 N. Bridge St.  
DeWitt, MI 48820**

**Cost: Free - You will want to bring a cardboard box, sleeping bags, pillows, etc.  
You are also asked to bring an item/items for our service project. See last page for details.**

**Date and Time of Retreat: Friday, April 27, 2018 - Saturday, April 28, 2018  
Retreat will begin at 7:30 pm on Friday  
Retreat will end at 7:30 am on Saturday**

**Designated Supervisor of Activity: Mary Lippert**

**Emergency Phone Number: Mary’s cell phone number - (734) 516 - 1255**

For your child to participate in this event, please **complete, sign, and return this permission form by the start of the retreat on April 27, 2018.** You may also drop off this form to the Parish Office. *This is a first come, first served event, the sooner you can get the permission slip in, the more likely your student will be able to participate.* As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. This section is for your information, please detach and keep for your records.

**PERMISSION FORM FOR ST. JUDE HOMELESS RETREAT**

I hereby consent to participation by my son/daughter, \_\_\_\_\_ for the Homeless Retreat from 4/27/18 to 4/28/18. I understand that this event will take place on the parish/school grounds and that my son/daughter will be under the supervision of the authorized parish/school personnel on the stated dates. I consent to the stated conditions for participation in this event including location and sleeping conditions. I further understand that if my student chooses behavior that is inappropriate, I may be called to drive to St. Jude and pick him/her up.

\_\_\_\_\_  
(print parent's name)

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)

**MEDICAL INFORMATION**

My child is allergic to: \_\_\_\_\_

My child must take the following medication (indicate dosage, frequency, etc.):

Please note specific medical problems (use back if necessary): \_\_\_\_\_

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, or pepto-bismol); and routine nonsurgical medical care to be given to my child if deemed advisable by the supervising parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Number to reach you during retreat: \_\_\_\_\_

If above person is unavailable, please notify: \_\_\_\_\_

**DIOCESAN HEALTH HISTORY AND MEDICAL RELEASE FORM  
FOR PARISH PROGRAMS AND ACTIVITIES**

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

**HEALTH HISTORY**

Family Doctor \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

**IMMUNIZATIONS** (Record YEAR of last immunization or last time person had disease):

Tetanus/Diphtheria _____	Measles _____	Mumps _____
Chicken Pox _____	Rubella _____	Polio _____
TB _____(results) _____	Hepatitis B _____	Other _____

**SPECIAL INFORMATION:** (Please check all that apply. Information will be held in strict confidence.)

Sleep Walking _____	Fainting _____	Dizziness _____
Blackouts _____	Asthma _____	Kidney Problems _____
Frequent Nosebleeds _____	Frequent Colds _____	Seizures _____
Severe Headaches _____	Diabetes _____	Severe Homesickness _____
Frequent Earaches _____		

**ALLERGIC REACTIONS** (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

\_\_\_\_\_

Please indicate any other medical problems/situations pertinent to your child:

\_\_\_\_\_

Any physical limitations? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Any emotional/psychological limitations or reactions to be aware of? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Is the student presently taking any medication? \_\_\_\_\_ All medication is to be well labeled with clear, concise directions indicated here (frequently, dosage, etc.):

\_\_\_\_\_

In an **EMERGENCY**, and if unable to reach parent/guardian, we should contact:

1. Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_
2. Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

**PLEASE FILL OUT BOTH SIDES**

Note to parent/guardian: Please read the following sections carefully. We apologize for the complexity but we must be sure we have your full consent in these areas.

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### PERMISSION FOR ROUTINE MEDICAL TREATMENT

All attempts **will** be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (i.e., headache, sore throat, low-grade fever, etc.). **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

NOTE: If you do wish to be contacted and it is not a local call, the charges shall be reversed to you.

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign only either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) except for the following \_\_\_\_\_ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

\* SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**or**

B) I do not want **ANY** type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

\* SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

\* SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN \_\_\_\_\_

HEALTH PLAN NUMBER (Include expiration date): \_\_\_\_\_

**Catholic Community of St. Jude Events  
Youth Code of Conduct**

At all St. Jude programs and retreats in which I participate, I \_\_\_\_\_, understand and agree to the following:

I, along with my peers, represent the Catholic Church. Responsible leadership and character are trademarks of the Catholic youth in the Lansing Diocese. Christ-like behavior is promoted and expected at all St. Jude activities

I am asked to project an image of Christian consideration, sensitivity, and respect to all others and to the property around me. Disrespect towards peers or event leaders will not be tolerated. I will listen when asked or instructed to do something and follow leader directions.

I am responsible for my own actions and behavior and will assume the natural consequences for any negative behavior or disturbance. I will take full responsibility for any damage or theft.

I will attend all event activities except in the situation of an emergency where an adult leader has been notified, doing my best to be on time arriving at activities, awaking from sleep, and returning from breaks.

I will not leave the site unless the event leader is informed and an adult from my parish accompanies me.

No alcohol, illegal drugs, or tobacco are allowed. Food and drink are only allowed in designated areas at designated times. At no time is visiting areas or rooms of the opposite sex permitted. Inappropriate contact, touch, gesture, language, or activity of a sexual nature that would offend any person is unacceptable.

Cell phones are only to be used at designated times. Emergency calls can only be made when an adult leader has been notified.

I will get a good night's rest and agree to any curfew set by event leaders. Curfew means lights out and sleeping. There will be no leaving rooms or areas after curfew.

I understand that youth and adult leaders will enforce this code of conduct and are acting in my best interest and in the best interest of the event when doing so.

Infractions of these rules will result in adult leaders discussing the infraction with me. In the unlikely event that a behavior problem requires extreme action, I understand that my parents will be notified immediately and I will be picked up by a parent or guardian at my own expense.

*I agree to cooperate and have no trouble adhering to this code of conduct.*

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I accept the conditions stated above in reference to my child's participation in all St. Jude activities and understand that without my permission, he/she cannot attend. I have reviewed the code of conduct with my student. I understand that if he/she does not follow these expectations, I will be called and my teen will be send home at my expense.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Phone Number(s)** \_\_\_\_\_

## **Suggested Packing and Contribution List**

### **Things to bring:**

- Cardboard box big enough to sleep in
- Warm clothing
- Sleeping bag or blankets
- Pillow
- Any medications that must be taken at night  
    Note: Chaperones may hold and distribute at the parent/guardian's discretion
- Water bottle
- Snacks (Optional)
- Air mattress, cot, yoga mat, etc. (Optional)
- Tarp (Optional)
- Fireside musical instruments (ie guitar, hand percussion, ukulele, etc.) (Optional)

### **Service Collection Items - to be donated to Homeless Angels (a local 501c3 Non-Profit):**

- Freezer/Microwave Meals
- Milk
- Canned Soup
- Snack items (crackers, fruit snacks, beef jerky, etc)
- Coffee Creamer
- Sugar
- Spreadable Butter/oleo (in tubs)
- Styrofoam Bowls
- Paper plates
- Paper Towels
- Styrofoam cups
- Paper cups (for water)
- Shampoo (full size bottles)
- Conditioner (full size bottles)
- Deodorant
- Razors
- Toilet Paper
- Diapers
- Baby Wipes
- Toothpaste/Toothbrushes
- Feminine Hygiene Products
- Laundry Detergent/Fabric Softener
- Hand Sanitizer
- Warm Socks
- Underwear